

## Senior Volunteer File QA Review Form

Good Life. Great Mission. DEPT. OF HEALTH AND HUMAN SERVICES

Agency:
Reviewer:
Date:
Name:
Volunteer Application on File: ☐ Yes ☐ No
Annual Physical Examination Form: $\square$ Yes $\square$ No
Annual Vehicle Insurance and Driver's License Check: $\square$ Yes $\square$ No
Annual Certification on File:
Volunteer Agreement: ☐ Yes ☐ No
Background Checks: ☐ Yes ☐ No ☐ APS/CPS ☐ Criminal Background Check (State Patrol) ☐ Motor Vehicle ☐ Other, Specify:
Performance Appraisal: ☐ Yes ☐ No  • Number of hours during a given month
Mileage Reimbursement: Number of miles x Rate per mile =
Comments: